

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

13 CV 4311

William Maisonet

(In the space above enter the full name(s) of the plaintiff(s).)

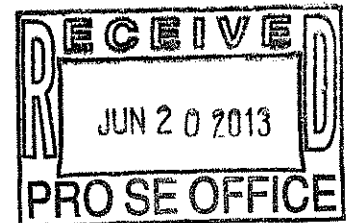
## COMPLAINT

-against-

Donald Trump,  
Alexis Maisonet  
Nelida Maisonet  
Jennie Maisonet, TRONCOSO  
Rosa TRONCOSO  
Pupi TRONCOSO  
Sofia Maisonet Clark  
Lillian Rodriguez  
Florida Nursing Home

Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



## I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name William Maisonet  
 Street Address 2020 Davidson Avenue, Apt. 2-B  
 County, City BRONX, N.Y.  
 State & Zip Code NEW YORK 10453  
 Telephone Number 1-917-663-0688, 1-718-299-2806

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Donald Trump; OWNER & DIRECTOR  
 Street Address GRAND Hyatt Hotel; 42 STREET & LEX AVENUE.

County, City "NEW YORK" PARK AVE AT GRAND-CENTR  
 State & Zip Code NEW YORK CITY;  
 Telephone Number 1-212-883-1234

Defendant No. 2

Name ALEXIS MAISONETTE - 50 ROOSEVELT DRIVE.  
 Street Address FAULT-HANDWRITING: GARNERVILLE N.Y. 10993  
 County, City GARNERVILLE, N.Y. 10993-7021  
 State & Zip Code GARNERVILLE, N.Y. 10923-0221  
 Telephone Number WEST HAVERSTRAW 112 ROOSEVELT BLVD. N.Y.

Defendant No. 3

Name NELEIDA MAISONETTE: EX-WIFE  
 Street Address 94 STREET & FIRST AVE. PROJECT. TALLEST Bui  
 County, City FAULT-HANDWRITING. SIGNATURES. ABOUT 20 FT  
 State & Zip Code NEW YORK CITY, 10029: MY WALLETS WITH I.D  
 Telephone Number \_\_\_\_\_

Defendant No. 4

Name JENNIE MAISONETTE TRONCOSO  
 Street Address 455 EAST 138 STREET Apt. 3-M  
 County, City BRONX, N.Y. 10454  
 State & Zip Code BRONX, N.Y. (10029) 10454  
 Telephone Number 1-718-585-8149

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? WHY WAS MY RETIREMENT PENSION MONEY; WAS

TAKEN AWAY FROM MY PENSION OR RETIREMENT; AFTER  
25 YEARS, GETTING IT. I DONT DO NOTHING TO GET IT TAKEN FROM  
DONALD TRUMP DID NOT GIVE THE MONEY: IT WAS NURSING HOM

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

## III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? NEW YORK CITY: MY HOUSING APARTMENT, BY MY SON ALEXIS. MOTHER ALSO SAID I WAS SELECTED; A PARTY. IT WAS TO TAKE EVERY FROM ME: MY DISABILITY CHECK; CHECK: 1988.
- B. What date and approximate time did the events giving rise to your claim(s) occur? 1988: JUST AFTER MY MOTHER DIE. I'LL REVEAL WH HAPPENED TO A JUDGE. THANK YOU, ONLY TO A JUDGE.

What happened to you?

C. Facts: MY PENSION OR RETIREMENT CHECKS WAS TAKEN AWAY, FROM NURSING HOME; DISABILITY CHECK. DISABILITY CHECK AND FOOD STAMPS WAS TAKEN BY DONALD TRUMP. DISABILITY CHECK WAS GIVEN TO ME BY NURSING HOME, NOT DONALD TR

Who did what?

DONALD TRUMP AND ALEXIS MAISONETTE MY EXWIFE NELIDA - MAISONETTE. SHE GOT TWO PERSONALITY, SHE HATE ME, AND SHE SHOW ME ANOTHER PERSONALITY WHEN I'M THERE.

Was anyone else involved?

YES; SOFIA, ALEXIS MAISONETTE WIFE: SOFIA CLARK, TYPE AND TELL ALEXIS WHAT TO DO. HE NEVER WORKED FOR NURSING HOME. OR HOTEL.

Who else saw what happened?

LILLIAN RODRIGUEZ: WAS THE ONE WHO BOUGHT ME THE POISON DRINK: OR PUNCH.

#### IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

NONE, BECAUSE WHAT I DID TOOK THE PAIN AWAY AND WHAT I FELT WAS, STABS WOULD COMING OUT OF MY STOMACK. LIKE ICE PICK COMING OUT MY STOMACK. FLORIAN NURSING HOME GAVE ME THE DISABILITY CHECK AND PAPERS, NOT DONALD TRUMP.

## V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. REACH: me at Baily House, 1751 PARK AVE. 3FLOOR, N.Y.C. 10035, N.Y.  
Tele 1-212-633-250  
A CAR EVERY YEAR; MY  
disability CHECKS FROM DAY 1. AND NEVER AGAIN  
TAKE MY disability CHECKS FROM ME. ALSO MY  
FOODS STAMPS. ENOUGH MONEY FOR A VACATION; TEN - 10,000  
THOUGHT dollars: TEN THOUSAND DOLLARS. I

I LIKE To give \$50,000 To CHILDREN CANCER RESERVE Cen  
THANK you SIR.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19 day of JUNE, 2013

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

William Maisonne  
2020 DAVIDSON AVENUE, Apt. 2.  
BRONX, N.Y. 10453

1-718-299-2806

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

**For Prisoners:**

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number \_\_\_\_\_